

To: Nina Aledort, Ph.D.
Deputy Commissioner
New York State Office of Children and Family Services
Division of Youth Development and Partnerships for Success
52 Washington Street, Room 338N
Rensselaer, NY 12144

From RHY Program(s): _____

The above-named RHY program facility is requesting OCFS approval for a temporary variance from the pertinent regulations under 9 NYCRR subpart 182-1 and/or subpart 182-2 so that the program can protect the health and safety of youth, staff, and the community. We are requesting a temporary variance from the following regulations (list):

Justification and plan

Agency Executive Director (name): _____

Signature _____

Date: _____

Email this form to RHY@ocfs.ny.gov. Once you have submitted the email and received OCFS' prior verbal approval, your facility may immediately implement the requests set forth above.

OCFS USE ONLY

- OCFS verbal approval granted to program by _____ Date: _____
 - Approved by Deputy Commissioner or
 - Director of Bureau of Health and Well-Being with Legal approval
- Sent to applicable RHY Service Coordinator
 - Sent by _____ Date: _____